

Case Number:	CM14-0059154		
Date Assigned:	08/08/2014	Date of Injury:	12/11/2012
Decision Date:	10/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Montana. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker fell at work on 3/27/12 sustaining a fracture to the left wrist. She would return to full duty work on 5/21/13. After returning to work she would develop pain in the neck, bilateral shoulders, elbows, wrists, and hands. A new date of injury of 12/11/12 would be assigned for what was felt to be repetitive strain injuries of the neck and upper extremities. Her diagnoses include bilateral shoulder impingement syndrome, cervical discogenic condition with stenosis at C3-C7 and facet involvement with neuroforaminal stenosis, bilateral epicondylitis (lateral greater than medial and right greater than left), bilateral wrist pain and first compartment tenosynovitis. The primary treating physician has requested Vicodin 5mg #60, tramadol ER 150 mg #60. Flexeril 7.5 mg #60, Protonix 20 mg #60, Lido Pro cream 4 ounce bottle and Terocin patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Vicodin 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75, 78, AND 91.

Decision rationale: Vicodin is a combination medication including hydrocodone, a short-acting opioid analgesic, and acetaminophen. The MTUS Chronic Pain Guidelines states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS Chronic Pain Guidelines states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of Vicodin requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The medical records do not demonstrate any attempt to decrease the use of Vicodin over time and do not document functional improvement associated with its use. The request for Vicodin 5 mg #60 is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Cyclobenzaprine Page(s): 41,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, cyclobenzaprine (Flexeril) Page(s): 64.

Decision rationale: The MTUS Chronic Pain Guidelines notes that Cyclobenzaprine (Flexeril) is an antispasmodic medication, recommended for a short course of therapy with the greatest benefit occurring within the first 4 days. Flexeril is not recommended to be used for longer than 2-3 weeks. The medical records indicate continuous use of Flexeril since at least October 2013. The continued use of Flexeril is not consistent with the MTUS Chronic Pain Guidelines. The request for Flexeril 7.5 mg #60 is not medically necessary.

Tramadol Extended Release 150mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78, 78, AND 93-94.

Decision rationale: The MTUS notes that tramadol is a central acting opioid analgesic that may be used to treat chronic pain and neuropathic pain. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological

assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of tramadol requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Opioid use for chronic pain appears to be effective for short-term pain relief but long-term benefit is unclear. Tramadol specifically is found to have a small benefit (12% decrease in pain intensity baseline) for up to 3 months. No long-term studies allow for recommended use beyond 3 months. The medical records do not support use of Tramadol within the MTUS Chronic Pain Guidelines noted above. The request for tramadol extended release 150 mg #60 is not medically necessary.

Protonix 20mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: Protonix is a proton pump inhibitor used primarily for gastroesophageal reflux disease, esophagitis, hypersecretory conditions, upper GI bleeding and H. pylori infection. The MTUS Chronic Pain Guidelines states that patients at risk for gastrointestinal events may use proton pump inhibitors. Those at risk include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, and concurrent use of aspirin, corticosteroids and/or anticoagulants or use of high-dose multiple nonsteroidal anti-inflammatory drugs. The medical records do not indicate that the criteria for use of proton pump inhibitors are met. The request for Protonix 20 mg #60 is not medically necessary.

Lido Pro Cream one bottle 4 ounce container: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines states that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Their use is largely experimental with few randomized controlled trials to determine efficacy or safety. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The ODG also state that Lidoderm patches are not a first-line treatment and are FDA approved only for postherpetic

neuralgia. The injured worker does not have post herpetic neuralgia. The request for Lido Pro Cream, 1 bottle (4 ounces) is not medically necessary.

Terrocin Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: Terocin is a combination medication using lidocaine and menthol. The use of menthol is not supported in the MTUS Chronic Pain Guidelines. The MTUS Chronic Pain Guidelines does state that if a compounded product contains at least one component that is not recommended, the compounded treatment itself is not recommended. As such the request for Terocin Patch #30 is not medically necessary.